

N72 000000329

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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2024 JAN 30 PM 8:52

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2024 JAN 30 PM 3:43

REGISTERED AGENT CHANGE
MAINGATE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MAINGATE VILLAGE CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 8660 W IRLO BRONSON MEMORIAL HIGHWAY, KISSIMMEE, FL 34747

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/13/2022 Document number: N22000000329

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LANDMARK ASSOCIATION SERVICES LLC
8660 W IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34747

2024 JAN 30 AM 8:52

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kathryn McBride
Signature of an officer or director

Kathryn McBride, Secretary
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System
Natalie Pickens
Signature of Registered Agent

1/11/2024
Date

If signing on behalf of an entity:

Natalie Pickens, Assistant Secretary
Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)